



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Nursing

PO Box 30193

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

REGISTERED NURSE LICENSE EXAMINATION APPLICATION PACKET

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REGISTERED NURSE EXAMINATION INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.***

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Nursing. Eligibility to sit for the NCLEX-RN is determined solely by the Michigan Board of Nursing.
2. You must register to take the NCLEX-RN by contacting Pearson Professional Testing (PPT) at www.vue.com/nclex. After you have submitted your licensure application, supporting documents, and registered with PPT, the Michigan Board of Nursing will make you eligible to take the examination. PPT will then send you an Authorization to Test (ATT) along with instructions for scheduling your test date, time and location. **You must sit for your examination within 90 days of receiving your ATT.** You may obtain an NCLEX Bulletin from PPT or www.ncsbn.org.
3. Applicants for registered nurse licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. **You should make contact with an approved agency within 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.

UNITED STATES EDUCATED APPLICANTS:

1. Michigan nursing graduates must request that their approved nursing school submit directly to the Michigan Board of Nursing, a Michigan Nursing School Certification Form. Out-of-state nursing graduates must have their approved nursing school submit **final official** transcripts directly to the Michigan Board of Nursing. Transcripts must include degree earned and graduation date to be accepted.
2. You must arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
3. If you have been licensed in a state that uses the Nursys verification system, you should register with Nursys on-line at www.nursys.com or by calling toll-free (866) 819-1700 for verification of your license(s).

REGISTERED NURSE EXAMINATION INSTRUCTIONS CONTINUED

FOREIGN EDUCATED APPLICANTS:

1. Applicants educated outside of the United States or Canada who have either not taken the NCLEX-RN for licensure in another state or who have not been licensed as a registered nurse in another state for at least five years must either:
 - a. Have a Professional Report completed by the Credentials Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). If your education was not taught in English, the Michigan Board must also receive a CGFNS Language Report on English Proficiency. This is an additional service that must be provided by CGFNS. Please contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 or via their website, www.cgfns.org, to obtain an application for the CES Professional Report and English Proficiency Report, if necessary. The completed CES Report must be sent to our office directly from CES/CGFNS.

OR

- b. Be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Please contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767, or via their website, www.cgfns.org, to request an application for the CGFNS Certification Program. Verification of your CGFNS certification must be forwarded to this office directly from CGFNS.
2. If you obtained your CGFNS Certification more than 2 years ago and you are not currently licensed as a registered nurse in another state, you must also verify that you are currently licensed as a nurse in your own country. The licensing agency in your country must send the verification directly to the Michigan Board.
3. An applicant who is a graduate of a nurse education program that is located outside of the United States, has passed the NCLEX-RN examination, and has maintained an active registered nurse license with no disciplinary sanctions for at least 5 years immediately preceding the application for a Michigan license is not required to obtain CGFNS credentials evaluation or certification. An individual who meets these criteria should apply for Michigan RN licensure by endorsement.

CANADIAN EDUCATED APPLICANTS:

1. Canadian applicants who have graduated from an approved Canadian educational program taught in English need to have the following documentation submitted to the Michigan Board to be eligible for the NCLEX examination:
 - a. Transcripts of your nursing education sent to our office directly from the school.
 - b. Current verification of your Canadian license sent directly to this office from the Canadian licensing agency.

REGISTERED NURSE EXAMINATION INSTRUCTIONS CONTINUED

2. Canadian applicants who have graduated from an educational program that was not taught in English or was located outside of Canada need to have the following documentation submitted to the Michigan Board to be eligible for the NCLEX examination:
 - a. CGFNS certification sent to our office directly from CGFNS if your nursing program was located outside of Canada or not taught in English.
 - b. Current verification of your Canadian license sent directly to this office from the Canadian licensing agency.
3. A registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in Canada. The temporary license is valid for no more than one year. If you fail the NCLEX-RN, your temporary license is no longer valid. If you have already failed this examination you do not qualify for the Michigan temporary license. Before you will be issued a temporary license, the Michigan Board must receive:
 - a. Complete license application and appropriate fee.
 - b. Current verification of your Canadian license sent directly to this office from the Canadian licensing agency.

Please Note:

- An application submitted with the appropriate fee is valid for three years from the date it is received. If an applicant fails to complete the requirements for licensure within the three year period following the date of application, the application will become invalid.
- If educated in the United States, an applicant for registered nurse licensure in Michigan must take the NCLEX-RN at least once within two years from the date of graduation from an approved nursing school.
- If an individual does not pass the NCLEX-RN within 12 months of the first attempt, they will be required to complete an RN exam review course and provide certification of completion of the exam review course to the Michigan Board.
- If an individual is not successful in passing the NCLEX-RN after 3 attempts, they will be required to complete an RN exam review course and provide certification of completion of the review course to the Michigan Board.
- If an individual is not successful in passing the NCLEX-RN after 6 attempts, they will be required to complete an entire approved RN educational program before being eligible to take the NCLEX again.
- If you pass the examination, you will receive your license but you will not receive notice of your test results.
- If you fail the test, you will receive a breakdown of your scores.

FOR BOARD USE ONLY

APPLICATION FOR REGISTERED NURSE LICENSE	License Number:
I am applying for the following:	Issue Date:
<input type="checkbox"/> RN by Examination Fee: \$54.00 71-4704-0156 <input type="radio"/> Michigan Graduate <input type="radio"/> Out-of State Graduate <input type="radio"/> Canadian Graduate <input type="radio"/> Foreign Graduate	
<input type="checkbox"/> RN by Examination and Temporary (Canadian Licensees Only) Fee: \$64.00 71-4704-0156 and 71-4707-04	

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information			
First Name:		Middle Name:	
		Last Name:	
U.S. Social Security #:		Birth Date:	
Street Address:		Apt/Bldg. #:	
City:	State	Zip Code:	
Country:			
Phone Number:		Email Address:	
Have you ever held a health professional license in any profession in Michigan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the health professional license issued after 2008?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent I.D./License Number:			Expiration Date:
Have you ever been known under any other name? If yes, list name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation along with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the documents, your application will be deemed incomplete and processing will be delayed.

9. Have you been approved for or written the R.N. Exam for another U.S. Jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever filed an R.N. or P.N. application in Michigan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

3. Professional Education

Name of RN Nursing Program	Location of Nursing Program	Graduation Date	Certificate/Diploma/Degree Granted

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you held a permanent RN license or registration in any state or Canadian province?

☐ Yes
☐ No

If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either endorsement or examination).

DO NOT LIST TEMPORARY LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Exam or Endorsement)

Full Name: _____

5. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature _____ Date _____

**AFFIDAVIT FOR CANADIAN LICENSEES
SEEKING MICHIGAN TEMPORARY LICENSURE**

A registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in the Dominion of Canada. This license is valid for one year from the date of issue or until failure of the National Council Licensure Examination (NCLEX-RN). If you have already failed this examination, you do not qualify for the Michigan temporary license.

Sign this affidavit if you are a Canadian registered nurse and are seeking temporary licensure in Michigan.

I, _____, certify that I have not failed the NCLEX-RN examination prior to applying for a registered nurse temporary license in Michigan.

Signature of Applicant_____
Date

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS – (Michigan Locations only)

Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment), Cogent Systems or another agency that is listed at www.michigan.gov/lsvendor. Whether you use Identogo, Cogent Systems or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Division. Receipts **should not** be mailed to the office, but should be kept for your own records.

You must bring the Livescan Fingerprint Request Form with a driver's license, other state, or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Health Professions Division will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.

Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan then select the Cogent MAPS (Michigan Applicant Processing Service) option. The MAPS option must be used for Michigan health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state/out of country)**

1. There are two ways you can have your fingerprints taken:
 - * Option 1 (Preferable) - Contact Identogo at www.identogo.com or by calling 1-866-226-2952 or another LiveScan vendor in the state where you reside to schedule an appointment, take the completed Livescan Fingerprint Request Form, have your fingerprints taken **digitally**, and have them **PRINTED OUT**.
 - * Option 2 - Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the digital printout or the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to Identogo to the following address:

Identogo/Livescan Processing Unit
1650 Wabash Ave Suite D
Springfield IL 62704
3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

LIVESCAN FINGERPRINT REQUEST FORM

Applicant Instructions: Please complete the top section of this form, print it and take it along with your picture ID to your scheduled appointment or if you are an out of state/out of country applicant please mail it along with your fingerprints.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg. #:	
City:		State:		Zip Code:	
Phone Number:			Country:		
Date of Birth (MM/DD/YYYY):			Race:		Sex:
Height:	Weight:	Eye Color:		Hair Color:	
License/Registration you are applying for:					

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINT AGENCY

Fingerprint Date:	TCN:
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Type of ID Presented:

REQUESTING AGENCY INFORMATION

Agency Name Agency ID Number: MI DEPT OF LARA - Nursing-RN 90898T
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
HEALTH PROFESSIONS DIVISION
611 W. OTTAWA ST. 1ST FL P.O. BOX 30670 LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense (517) 335-0918

Please print out the Application and the LiveScan Fingerprint Request Form (Pages 6-9 and 12). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Nursing
PO Box 30193
Lansing MI 48909

Schedule your fingerprints to be taken 7-10 business days after you have mailed your application to our office.

APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

☐ **Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

☐ **1. Demographic Information:** Social Security Number: Please list only a United States Social Security number.

Legal Name: List your full name: first, middle and last name.

Definition of legal name: Use the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your email address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

☐ **2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation on a separate sheet with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

☐ **3. Professional Education:** List your current or completed nurse program. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

☐ **4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held an RN license. Indicate method of licensure - examination or endorsement.

☐ **5. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Nursing office.
3. Please allow time to process your application before you call or email our office to check on the status. Applications take at least 2 weeks to reach our office from first our central mailroom and then our payment processing office.
4. Mail, including mail sent overnight, is first received by our central mailroom and may take 5 business days to reach the board.
5. Transcripts and/or Michigan School Certifications will not be accepted if faxed into our office.
6. Applications are processed in date-received order and may take 6 weeks to process.
7. The name and address on your Michigan registered nurse application **must match exactly** to the name you registered with PPT. If your name does not match exactly, you may not receive your ATT or you may not be allowed to sit for your examination.
8. **SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
9. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Nursing in writing to request a refund.
10. If your name and/or address changes please notify the Board of Nursing in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 373-7179 Attn.: Application Section or mail the form to: LARA, Bureau of Health Care Services, Board of Nursing, Application Section, PO Box 30670, Lansing MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board approved program.
CONTINUING EDUCATION UNIT (CEU)	A CEU is a continuing education unit, which consists of ten continuing education credits/hours. A nurse is required to earn 25 continuing education credits or 2.5 CEU's in order to renew the license.
ENDORSEMENT	Application made by an individual who holds an original license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass the NCLEX in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has been reactivated by the Board of Nursing.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

The application process may take six weeks from the time your application is received in our office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, PO Box 30193, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board of Nursing will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How can I get more information regarding the NCLEX-RN Examination?

You can contact Pearson Professional Testing (PPT) at (866) 496-2539 after your application has been submitted. In addition, an NCLEX bulletin can be downloaded at www.ncsbn.org or www.pearsonvue.com/nclex.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming March 31st renewal date. Each subsequent license will cover a full two-year cycle.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan nurses are required to earn 25 hours of board-approved continuing education credit over each two-year cycle of licensure. One of the 25 hours must be earned in pain and pain symptom management. The Michigan Board of Nursing does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a four year period in case you are audited by the Michigan Board of Nursing.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Nursing Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
License Verification	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

National Council of State Boards of Nursing (NCSBN)	www.ncsbn.com
Pearson Professional Testing (PPT)	www.pearsonvue.com/nclex
Nursys	www.nursys.com
Identogo	www.identogo.com
Cogent Systems	www.cogentid.com